

Employee Leave Request Form

Name:	700#:
Department:	Title:

A request for leave must be completed & approved prior to each planned absence from work and submitted to your immediate supervisor for approval. Employees should request annual leave at least 30 days in advance if foreseeable, or on such date that is practicable if 30 days advance notice is not possible. A form for unanticipated illness should be completed immediately upon your return. I understand that I must provide sufficient information so the proper type of leave can be determined. I understand that I am responsible for keeping my supervisor informed of any change in this request.

Type of Leave:	From:	To:	Date Returning to Work:	Number of days (or hours) taken:
Annual Leave				
Annual Leave				
Discretionary Leave ¹				
			TOTAL days (or hours) taken:	

Type of Leave:	From:	To:	Date Returning to Work:	Number of days (or hours) taken:
Jury Duty				
Bereavement				
Alternate Holiday				
Compensatory Time				
Other: _____				
			TOTAL days (or hours) taken:	

Type of Leave:	From:	To:	Date Returning to Work:	Number of days (or hours) taken:
Sick Leave				
Public Health Emergency				
FMLA - Sick Leave				
FMLA - Annual Leave				
FMLA - Paid Leave ²				
FMLA - Unpaid Leave				
			TOTAL days (or hours) taken:	

FMLA Notice: Employees are required to complete FMLA paperwork if they will be out sick or for a medical condition or treatment for more than 3 consecutive days. Please contact HR to complete paperwork.

Employee's Signature _____ Date _____

Comments _____

Supervisor's Signature _____ Date _____

- RETURN COMPLETED FORM TO HUMAN RESOURCES -

Unpaid Leave ³ (does not include FMLA Unpaid)	
Signature and approval of the President or State of CO Appointing Authority <u>REQUIRED IN ADVANCE</u>	
President or Appointing Authority Signature:	Date:

DEFINITIONS OF LEAVE TYPES

Annual Leave – paid leave typically used for personal/vacation purposes. Required to use concurrently when Family Medical Leave applies.

Sick Leave – paid leave used for an employee’s own medical examination and treatment, physical inability to work due to illness or injury or employee is tending to the health or medical needs of a child, parent, spouse or partner as defined in the applicable employee handbook. Required to use concurrently with Family Medical Leave. A FMLA Medical Certification form is required for an absence of more than three consecutive regularly scheduled full working days.

¹ **Discretionary Leave** – two days of non-cumulative paid leave per fiscal year. This leave may be used at the option of the employee for personal reasons. Available to benefits-eligible Faculty & Administrative Staff (not Classified).

Anniversary Award Discretionary Leave - All employees are eligible to be awarded five (5) discretionary days on their 5-year anniversaries. Employee will be notified if awarded & provided guidelines that must be followed.

Public Health Emergency Leave – up to 80 hours (pro-rated for part-time), job protected paid leave, can be used for any one or all of the reasons during the entirety of a public health emergency (as designated by the Governor).

Jury Duty – paid leave used when an employee is called to serve jury duty. A copy of the summons may be required.

Bereavement - employees may request up to 40 hours (5 working days) paid leave in the event of imminent death or death of an immediate family member. Immediate family includes spouse, domestic partner, civil-union partner, children, parents, grandchildren, grandparents, siblings, nephews, nieces, aunts, uncles and in-laws (parents, siblings, sons, daughters).

Alternate Holiday – leave an employee is entitled to take off as paid leave in return for having worked on a designated holiday. Employees are only entitled if the holiday fell on a day they normally would have worked.

Compensatory Time – hours earned for approved overtime work by an eligible employee. Compensatory time is an absence from the work place, but is not a form of leave. Required to use concurrently when Family Medical Leave applies.

³ **Unpaid Leave** – Unpaid time off that is granted at the discretion of the President or State of CO Appointing Authority. Approval & signature must be obtained prior to using unpaid leave. This does not apply to FML Unpaid leave.

Family Medical Leave (FMLA) – after one year of service, up to 12 weeks (13 weeks for Classified), pro-rated for part-time, may be used for; birth and care of a child, placement and care of an adopted or foster child, a serious health condition of a child, parent spouse, the employee's own serious health condition, active duty family leave for qualifying exigency directly related to, being called to, or on active duty to a foreign country, or up to 26 weeks in a single 12-month period for military caregiver leave for servicemember who is seriously ill or injured in the line of duty on active duty. Use and type of concurrent paid leaves depends on individual circumstances. For additional information contact the FMLA Coordinator. An appropriate Medical Certification form, as described above under sick leave, is required.

FML Sick – use of paid accrued sick leave for an employee’s serious health condition, including childbirth and recovery or for a serious health condition of an employee’s parent, spouse or child.

FML Annual – use of paid accrued annual leave when sick leave is exhausted or does not apply, including caring for a new child (e.g. bonding time).

² **FML Paid** – Up to 80 hours of paid leave (pro-rated for part-time) per rolling 12-month period when employees are eligible and qualify for FMLA. Available to Classified employees only.

FML Unpaid – use of unpaid leave during Family Medical Leave when all other applicable paid leaves are exhausted. Does not require approval of President (or State of CO Appointing Authority)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when completing the leave request form. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.